

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Medically Necessary Determinations	Prepared By: CAPS	Original Date: 10/01/2007 Revised Date:

PURPOSE AND SIGNIFICANCE:

This is to serve as a guideline for IDS Providers to maintain criteria used in making medically necessary determinations and guiding continued stay and discharge decisions.

PROCESS AND/OR PROCEDURE:

The American Society of Addiction Medicine, Patient Placement Criteria, 2nd Edition revised is a recovery-based clinical system with direct relationships between assessment, level-of-care placement decisions, treatment planning and continued stay/discharge criteria. Medical necessity is encompassed in Dimension 1 (Substance use severity and Detoxification Potential), Dimension 2 (Physical Health Conditions) and Dimension 3 (Emotional/Behavioral and Cognitive Conditions and Complications). High severity in these dimensions are typically “the drivers” in considering and utilizing our higher levels-of-care. In keeping with Medicaid requirements for mental health services, high severity in Dimension 3 is a requirement for admission to outpatient treatment and is defined as follows for adults:

- The member has an Axis I diagnosis above the covered line (presently above line 561) (please contact Community and Provider Services if you need a comprehensive list of covered conditions under the Oregon Health Plan) and/or
- Complex Borderline Personality that is typically connected to a history of severe trauma
- Lethality/dangerousness, course-of-illness, symptom severity/interference with recovery efforts, developmentally appropriate ability for self-care or social functioning is compromised to the degree that treatment is medically necessary for the safety and well-being of the member

For children, in community based mental health treatment services, the following are additional considerations in determining priorities:

- Are at immediate risk of psychiatric hospitalization or removal from home due to a mental or emotional disorder
- Exhibit behavior which indicates high risk of developing disorders of a severe or persistent nature or
- Have a severe mental or emotional disorder.
- Any other child who is experiencing mental or emotional disorders which significantly affect the child's ability to function in everyday life, but not requiring hospitalization or removal from home in the near future.

Medically appropriate treatment is defined as:

- Services or supplies that are required to prevent (including a relapse), diagnose or treat a covered mental disorder and are:
 - Consistent with the diagnosis
 - Appropriate with regard to the standards of good practice
 - Accepted by the scientific community and the Oregon Addictions and Mental Health Division as effective, and/or evidence based.
 - Services are not solely for the convenience of the Member or Provider of the service, and,
 - The most cost-effective of the alternative levels of medically appropriate services, which can be safely and effectively provided to the client.

Dimension 4 (Readiness for Change), Dimension 5 (Potential for Continued Problems, Use or Relapse) and Dimension 6 (Recovery Environment), guide decisions about clinically appropriate treatment. High severity in these dimensions often drives the approach to treatment, the choice of practices used, the level and type of case management, and, interventions used to mitigate environmental problems, genetic or situational vulnerability and stressors. High severity in these dimensions alone does not constitute medically necessary treatment.

IDS Providers are encouraged to develop internal utilization processes that support clinicians in making well-considered treatment decisions about providing medically necessary treatment, accessing higher levels-of-care and supporting the long term goals of recovery.

In considering continued stay and/or discharge decisions, IDS Providers are encouraged to incorporate a recovery-based chronic disease management perspective into their thinking and practices. The goal of this approach is to foster the highest level of independent, community-based recovery that a Member may achieve through flexible supports that are matched to the consumers' needs and progress. In making continued stay, transfer or discharge decisions, the following criteria should be used.

Continued Service/Stay Criteria

1. The Member is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the Member to continue to work towards his/her treatment goals.
2. The Member is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working towards the goals articulated in the individualized treatment plan. The treatment plan has been modified based on a clarification of the nature of the identified problems and a re-evaluation of the treatment needs. Continued treatment at the present level of care is assessed as necessary to permit the Member to work towards his/her treatment goals.
3. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the Member's new problems can be addressed effectively.

Transfer/Discharge Criteria

1. The Member has achieved the goals articulated in his/her individualized treatment plan, thus resolving the problems that justified admission to this level of care.
2. The Member has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service is therefore indicated.
3. The Member has demonstrated a lack of capacity to resolve his/her problems. Treatment at another level of care or type of service is therefore indicated.
4. The Member has experienced an intensification of his/her problems, or has developed a new problem, and can be treated effectively only at a more intensive level of care.
5. For Children Only – The child is not benefiting from treatment and made no progress toward treatment goals in the last three months, even though appropriate treatment plan reviews and revisions were conducted. (OAR 309-032-1000)

Please see the attached form for documenting placement, continued stay/ transfer/discharge decisions. If you would electronic templates for these forms, please contact CAPS or visit our website, www.co.marion.or.us/ht/caps.

In addition:

- Admission, continued stay and discharge decisions should be applied in a culturally congruent manner.
- Clinicians should be well versed in their understanding of recovery-based thinking and how to apply medical necessity criteria. CAPS will provide consultation, support and training as needed or requested. Please contact the CD Member Services Coordinator at 503-566-2992 for assistance.
- If a Member does not meet the criteria for admission or continued stay and disagrees with the clinician's assessment and/or recommendations, the IDS Provider may contact CAPS for assistance or consultation.